## 10/582139

## IAP20 Rec'd PCT/PTO 08 JUN 2006

## Application Data Sheet

Application Information

Application Type:: National Stage

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: AN AUTOMATIC METHOD OF

VERIFYING AT LEAST ONE

CENTERING CHARACTERISTIC OF AN

OPHTHALMIC LENS PROVIDED WITH

MARKINGS

Attorney Docket Number:: 0604-1012

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 5

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: FABIEN

Middle Name::

Family Name:: DIVO

Name Suffix::

City of Residence:: CHARENTON

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing ESSILOR INTERNATIONAL

Address:: 147 RUE DE PARIS

City of Mailing Address:: CHARENTON

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 94227

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: CÉDRIC

Middle Name::

Family Name:: LEMAIRE

Name Suffix::

City of Residence:: CHARENTON

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing ESSILOR INTERNATIONAL

Address:: 147 RUE DE PARIS

City of Mailing Address:: CHARENTON

Correspondence I	nformation	`		
Correspondence Customer		00466		
Number::				
		·		
Representative I	nformation			
Representative Customer		00466		
Number::				
	,			4
Domestic Priority Information				
Application::	Continuity	Parent		Parent Filing
	Type::	Application::		Date::
This application	National Stage o	of PCT/FR2004/002829		11/4/04
Foreign Priority	Information			
Country::	Application	Filing Date::	Priority	
	Number::	*	Cla	aimed::
FRANCE	03 14464	12/10/03	Yes	
<u></u>	,			
<del>-</del> ,			<u> </u>	
Assignment Infor	mation			
Assignee Name::		ESSILOR INTERNATIONAL		
Street of Mailin	g 147 RUE	DE PARIS		
Address::				
City of Mailing Address::		CHARENTON-LE-PONT		
State or Province of Mailing Address::				
Country of Maili	FRAMCE			

FRANCE

State or Province of Mailing Address::

Postal or Zip Code of Mailing Address:: 94227

Country of Mailing Address::

Postal or Zip Code of Mailing Address:: 94220